b Employer's Identification number 20-2724149	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	62807.21	10351.47
NUOVO SOLUTIONS LLC	12b	3 Social security wages	4 Social security tax withheld
	\$	62807.21	3894.05
100 CROSSWAYS PARK DR W	12c	5 Medicare wages and tips	6 Medicare tax withheld
SUITE 111	\$	62807.21	910.70
	12d	7 Social security tips	8 Allocated tips
WOODBURY NY 11797	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9 Verification code	10 Dependent care benefits
2775213	Internal Revenue Service		
		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
HARI KRISHNA DARAPANANI	Copy B To Be Filed with		employee plan sick pay
8367 STONYBRIDGE CIR		14 Other	
		14 Other	
UT OUL AND A DANGU CO. 0010C	Tax Return		
HIGHLANDS RANCH CO 80126	a Employee's soc. sec. no		
f Employee's address and ZIP code	681-70-2969		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.		20 Locality name
CO 29944467 62807.21 2829.00	63942.17	16.00	GREENW
		Γ	
Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Return
2010			

b Employer's Identification number c Employer's name, address, and ZIP code 20-2724149	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
	s	62807.21	10351.47
NUOVO SOLUTIONS LLC	12b	3 Social security wages	4 Social security tax withheld
NOOVO BOHOIIOND HHE	ls	62807.21	3894.05
100 CROSSWAYS PARK DR W	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	62807.21	910.70
SUITE 111	12d	7 Social security tips	8 Allocated tips
WOODBURY NY 11797	ls.		
e Employee's first name and initial Last name		9 Verification code	10 Dependent care benefits
2775213			
	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
HARI KRISHNA DARAPANANI			employee plan sick pay
8367 STONYBRIDGE CIR	Local Tax Departments	14 Other	
HIGHLANDS RANCH CO 80126	a Employee's soc. sec. no		
f Employee's address and ZIP code	681-70-2969		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CO 29944467 62807.21 2829.00	63942.17	16.00	GREENW
Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments

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b Employer's Identification number 20 - 2724149	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	62807.21	10351.47
NUOVO SOLUTIONS LLC	12b	3 Social security wages	4 Social security tax withheld
	\$	62807.21	3894.05
100 CROSSWAYS PARK DR W	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	62807.21	910.70
SUITE 111	12d	7 Social security tips	8 Allocated tips
WOODBURY NY 11797	IS		
e Employee's first name and initial Last name		9 Verification code	10 Dependent care benefits
2775213			
HARI KRISHNA DARAPANANI	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
8367 STONYBRIDGE CIR	Local Tax Departments	14 Other	
HIGHLANDS RANCH CO 80126	- F		
	a Employee's soc. sec. no	•	
f Employee's address and ZIP code	681-70-2969		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax CO 29944467 62807.21 2829.00	<u>18 Local wages, tips, etc.</u> 63942.17		20 Locality name GREENW
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Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Departments

b Employer's Identification number 20 - 2724149	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	62807.21	10351.47
NUOVO SOLUTIONS LLC	12b	3 Social security wages	4 Social security tax withheld
	\$	62807.21	3894.05
100 CROCCHANG DARK DR M	12c	5 Medicare wages and tips	6 Medicare tax withheld
100 CROSSWAYS PARK DR W	\$	62807.21	910.70
SUITE 111	12d	7 Social security tips	8 Allocated tips
WOODBURY NY 11797	\$		
e Employee's first name and initial Last name	This information is being furnished to the		10 Dependent care benefits
2775213	Internal Revenue Service. If you are required to file a tax return, a negligence		
HARI KRISHNA DARAPANANI	penalty or other sanction may be imposed on you if this income is taxable and you	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
8367 STONYBRIDGE CIR	fail to report it.		
6367 SIONIBRIDGE CIR	Copy C for Employee's		
	Records (see notice to		
HIGHLANDS RANCH CO 80126	Employee on back.)		
	a Employee's soc. sec. no		
f Employee's address and ZIP code	681-70-2969		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CO 29944467 62807.21 2829	.00 63942.17	16.00	GREENW

Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service